

Measures of Effective Psychological Care Strategies Used with Looked-After Children and Youths

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ABSTRACT

Many care institutions lack the evidence-based framework to use to ascertain the effectiveness of psychological care strategies they provide. This paper provides a framework for ascertaining the efficacy of psychological interventions when working with looked-after children in institutions of care. The paper is derived from a review of literature in the area of psychological care for looked-after youths and children in care contexts around the globe. The review revealed that the effectiveness of psychological interventions may be ascertained by the presence of the following signs in looked-after youth and children: self-awareness, self-regulation, self-motivation and sense of mastery. Therefore, caregivers and institutions need to develop a framework for evaluating the effectiveness of their psychological intervention programmes based on these four variables. Although this paper is based on a review of literature, it contributes towards establishment of effective strategies for evaluating the effectiveness of psychological intervention programmes given to youths and children in institutional contexts.

Keywords: Looked-After Children, Measuring psychological Outcomes, Psychological Care Strategies.

I. INTRODUCTION

In most traditional societies in Africa, a strong culture of caring for orphans, the sick, the disabled, and other needy members of the community by nuclear and extended family members, communities, churches and mosques has existed for many years. Cultural and religious beliefs have, therefore, played a key role in provision of care to orphaned, abandoned, and vulnerable children among most of the traditional communities (UNICEF, 2012). However, rapid urbanization, poverty and gradual disappearance of extended family systems over the last four decades have left vulnerable children more susceptible in many African communities. The traditional ways of caring for vulnerable children hardly exists anymore and the task has been left to charitable organizations to fill in the gap (GoK/UNICEF, 2013; Wairire, 2006). Subsequently, many children are becoming increasingly vulnerable and many are exiting their broken families and communities to fend for themselves on the streets (SOS Children's Villages, 2013). Others have been taken into refugee camps or are recruited as child combatants, or are trafficked for labour or sexual exploitation (Skovdal, 2009). Those children who are lucky have been taken in by charitable groups who now organise a form of community and residential care arrangements for them (Embleton *et al.*, 2014). These children and youth have thus become looked-after youths (Munro, 2001).

These care institutions are ideally supposed to be staffed by professionals who have capacity to facilitate an environment that aids children's growth out of their traumatic past (Association of Charitable Children Institutions of Kenya [ACCIK], 2016). This is informed by the fact that many youths who go into care have endured difficult social, physical and psychological experiences (Ford, Vostanis, Meltzer & Goodman, 2007). According to Moyo & Shumba (2014), over and above bereavement, many of these children have experienced first-hand severe long-lasting sickness of a parent or care provider, lack of basics, starvation, poor access to amenities, insufficient clothing or housing, congestion, limited care, disability, and even physical or sexual violence. These problems have the capacity to disrupt a kid's growth and development. Therefore, these youths need adequate psychological care to heal them and guard them from developing complicated abnormalities. Such care can be achieved through provision of targeted psychological care programming. (Nasaba *et al.*, 2018).

Recent policy documents (NPSGOVCK, 2017; REPSSI, 2018; Inter-agency Network for Education in Emergencies [INEE], 2018) aver that psychological care entail managing one's mode of thinking, feelings, behaviours, memories, perceptions, and comprehension of things. The South Africa Department of Social Development (2015) concurs and affirms that psychological provision is geared towards assisting individual attain capacity to display appropriate emotions, to tamper with cognition so as to always have relevant thoughts and finally acquire developmentally appropriate spirituality and morality. Effective psychological support in care set-up, therefore, ought to work to ensure youths in care develop ability to know and manage self, lead a complete and resourceful life and be agile to tackle life's unavoidable trials. This type of programming will enhance children's welfare by, first, re-establishing the normal progression of growth and, second, by shielding them from the harmful mental consequences of other depressive and detrimental life occurrences.

Nonetheless, there are indications that the design of psychological services offered within professional circles could be out of touch with many looked-after children and youths. Oketch and Kimemia (2012) have documented this fact, arguing that young people undergo experiences that may not be familiar to modern counsellors to provide sufficient support. These authors also argue that the focus of psychosocial interventions hardly goes beyond the provision of physical needs to those affected. They find it ironic that such services claim to cater to people who have suffered trauma and mental disruptions yet they (the services) hardly provide any real psychological interventions. Evidently, these issues speak to the challenges of design and evaluation of psychological services, which were pertinent in this review. According to Gross, Fogg and Conrad (1993), psychosocial interventions should be designed based on a clear and relevant theoretical framework, evidence-based data from existing practices, and the unique needs of the target groups. Follow up evaluation ought to be pegged on these key pillars. But, there is insufficient clarity for practitioners about how they should assess emotional and mental health. Reports indicate that psychological assessments are varied, limited and not adequately assessing emotional and mental health (Amolo, Were, Masamo, Kyeyagalire, Kedenge & Fatta, 2012).

A study by Sitienei and Pillay (2018) has revealed that some psychosocial support is offered in the care facilities for the youths in residential care in Kenya. What is not clear to Sitienei and Pillay is whether the quality of those services was adequate to effect internal assets, and hence boost resiliency among the youth in residential care facilities. There are indications that for the youths in care to fully reap the benefits of psychological provision, such services ought to be appropriately, adequately and consistently provided (National Psychosocial Support Guidelines for Orphans and Vulnerable Children in Kenya, 2017; Muthoni, 2007). When this happens, research by Racusin, Maerlender, Sengupta, Isquith & Straus (2005), shows that a range of psychological aspects of well-being are affected positively. The change in these aspects may be used to determine effectiveness of psychological programming.

This review was founded on the assumption that the provision of psychological programmes to youths in care set-ups is intended to achieve several outcomes. It synthesises information on the nature and outcomes of psychological support in residential and integrated care homes. It evaluates empirical studies in order to determine the nature of outcome level aspects which accrue after an effective psychological support is provided. This sort of evidence is what the government, scholars and other childcare stakeholders need to formulate theoretical bases for modifying the psychosocial environment and programming in residential and integrated care homes to be more responsive to the experiences of youths in care. Granted, the Kenya government, together with management of care homes (ACCIK, 2016; The National Standards for Best Practices in Charitable Children's Institutions, 2013), has adopted a variety of evidenced-based policies on providing psychosocial support programmes in care set up. However, the recent proclamations by care leavers that the support offered by their former care institutions is relative, ad hoc and inconsistent (Changing the Way We Care, 2018; Miseki, 2018) cast doubts on the effectiveness of these services. It is apparent that while there is adequate evidence to support the effectiveness of psychosocial support to treat youth's trauma and attachment challenges, a significant gap exists between what is recognized to work and psychological services that are actually offered in facilities that care for young people (Sitienei & Pillay, 2019). This begs for a workable evaluation framework to be used to determine the efficacy of psychological services that are offered in care facilities. This study will evaluate literature in order to glean key indicators of effective psychological care strategies used with looked-after children and youths. This will provide a novel framework that may be used by caregivers to determine effectiveness of psychological programming

II. METHODOLOGY

This work was a narrative review where selected studies were compared and summarized on the basis of the author's experience, existing theories and models (Green, Johnson, & Adams, 2006). The results of the review were based on a qualitative rather than a quantitative level. It entailed a comprehensive narrative syntheses of previously published information. It reports the author's findings in a condensed format that typically summarizes the contents of each article. It pulled many pieces of information together into a readable format. It presents a novel perspective on indicators of effective psychological care strategies used with looked-after children and youths in Kenyan context. The review will help childcare stakeholders have a single source to read from (on issues to do with indicators of effective psychological care strategies), cutting down on the need to access array of textbooks and journals. Moreover, this narrative overview will be a valuable educational article to bring childcare practitioners up to date on how psychological support and outcome level aspects (growth of internal assets) are interrelated. Finally, it will bring to fore a framework for evaluating the effectiveness of psychological intervention programmes based on the outcome-based variables synthesised from the review of studies on care of looked-after children and youth

III. RESULTS AND DISCUSSION

The paper established that ideal psychological provision nurture emotional and social wellbeing among children and youth in care. As this happens, several outcome level indicators are achieved, which then helps in development of individual resilience. These indicators according to reviewed literature include: self-awareness, self-regulation, sense of mastery and self-motivation. The evaluation and rating of these aspects may be used to determine effectiveness of psychological provision. It was established that an investigation of outcome level of aspects after a psychological provision have potential to provide valid and useful data about youths' need for and responses to

psychosocial care. According to Alliance for Children in Care and Care Leavers (2017), such data will lead to improved assessment for individual children and identification of what intervention is needed and improvement of planning of support for looked after children. An analysis of these outcome level of aspects after a psychological provision is presented below.

A. Self-awareness

Self-awareness entails having a realistic perception of who one is really is. According to Morin (2011), it involves understanding who one is, why they do what they do, how they do it, and the impact such actions have on others. He adds that people who are self-aware are conscious of: their goals, the events, thoughts, and beliefs that make one happy and sad; their strengths and weaknesses; their values and beliefs; their philosophy in life; their achievements, how they accomplished them, and what they learned from them; their failures, how they came about, and how to prevent them from recurring, how they relate to others and how they see themselves and others.

The above assertions indicate that self-awareness makes individuals introspect when faced with situations that require them to react in a certain way. Through it, one can gauge his/her strengths and weaknesses before engaging in a task. From the foregoing descriptions, it can be concluded that Individuals who are self-aware make more compatible life choices, perform better and longer in tasks expected of them, and derive more satisfaction from their day-to-day chores. Therefore, it is important that looked-after youth are facilitated to continually engage in self-exploration process through which they read and interpret own emotions, strengths, limitations, values and purpose, as well as recognize the link between thinking, feelings and their impact on every behaviour, choice and decision they make. It is expected that this will build their resilience to be able to manage challenges better (Morin, 2011).

It can be concluded therefore that self-awareness among looked-after children may be used as one of the indicators that shows that psychological programming in care home is effective. Review of alternative care literature (Racusin *et al.*, 2005; Morin, 2011; Kabiru & Njenga, 2011; Hiller, 2020; Hambrick, 2016, British Psychological Society, 2020) indicate that a measure to determine this can have variables testing aspects of self-awareness like: when they make plans, do they follow through with them because they have been helped to have clear idea about how their feelings affects their behaviour; do they usually manage one way or another because when feeling bad, they have been trained to deal with their problems and concerns; are they able to depend on themselves more than anyone else because they have been assisted to know what cause their mood; are they determined because they have been trained to write down what they are feeling and analyse it; and finally do they feel that they can handle many things at a time because they have been shown how to analyse recent events to try to understand why they are upset

B. Self-regulation

Self-regulation means to take control over issues emanating from self or the environment. According to Shanker (2010), it is the ability to manage one's own energy states, emotions, behaviours and attention, in ways that are socially acceptable and help achieve positive goals, such as maintaining good relationships and remaining on task.

Shanker (2010) further identifies emotional resiliency – ability to recover from disappointment, challenging situations and move forward confidently and positively – as a key component in self-regulation. It can be useful in developing competencies of looked-after youth who are healing from traumatic pasts. These youths have faced difficulties, which if not managed prudently are bound to affect their growth and development. Youths who have power to self-regulate, therefore, can easily develop resiliency over adversity. Proper management of past disappointment and challenging situations can help them to: focus, and switch focus, as required; consider perspectives other than one's own; plan and execute several steps in a row, including trying different course of action when an initial plan has failed to work; understand cause and effect; think logically; desire to create and innovate, and while doing so to use a wide range of strategies and techniques; and finally build a healthy self-esteem based on awareness of personal efforts and achievements – as well as those of others (Shanker, 2012).

Assessment of quality of care a child is receiving is best achieved through a child-centred measure of wellbeing which should be administered ex post facto. Such a measure ought to capture children's experience on their ability

to manage one's own energy states, emotions, behaviours and attention after psychological provision in care set up. Their feelings and what is impacting positively or negatively on their psychological wellbeing is evaluated. Different authors (Racusin *et al.*, 2005; Shanker, 2012; Bazalgette, Rahilly & Trevelyan, 2015; Miseki, 2018; The Children's Society, 2020) propose a number of variables that can best be used to gauge the level/development of self-regulation among vulnerable children and youths. These include variables like: are they determined because they have been taught to be able to accomplish goals they set for self; do they keep interested in things because they have been trained to change the way they do things when they see a problem with how things are going; they can get through difficult times because they have been instructed to be willing to consider other ways of doing things; their life has meaning because they have been educated to be usually careful not to overdo it when working, eating and drinking; and finally they take things one day at a time because they have been trained that as soon as they see a problem or challenge, they start looking for possible solutions.

Self-regulation, therefore, consists of deliberate efforts by the self to alter its own states and responses, including behaviour, thoughts, impulses or appetites, emotions, and task performance in order to fit demands of self and environment. As an outcome of provision of psychological care, its variables may be captured and developed into a questionnaire and then be used to better understand the efficacy of psychological programming in care set up.

C. Self-motivation

Motivation refers to the driving and pulling forces, which result in persistent behaviour directed towards a goal (Kabiru & Njenga, 2011). Motivation is therefore a prerequisite for any human action including desire get psychosocial support intervention. Without motivation on side of a looked-after youth, the counsellor/caregiver can do little to help meet their need. Although some people can continue change on their own, others like traumatised youths in care require more formal intervention and support over the long journey of recovery. There is need for them to be instilled desire to be future oriented, aspire for higher goals and persist on the task chosen (Hambrick, 2016).

Caregivers ought to access and enhance a look after youth's motivation to change well before extensive damage is done to mental health by negative thoughts like pessimism. This is because success of psychosocial interventions is linked to the awareness of the client that they require the intervention and their ability to learn the skills being taught. Lack of motivation for behaviour change may make a traumatised group like the looked-after youth not to engage in psychosocial intervention and thus continue in suffering. Moreover, according to Klein and Freitag (1992), training youth to be self-motivated helps them acquire a driving and pulling force, which results in persistent behaviour directed towards a goal. It is apparent, therefore, that without self-motivation on side of a youth in care, caregivers can do little to help meet their needs. In addition, they may fail to muster a persistent behaviour directed towards a life goal.

From the foregoing, it is evident that self-motivation is a key psychological treatment outcome (Medalia & Saperstein, 2011). Through this treatment, youth can acquire aspects of self-motivation like: knowing how to restructure the target behaviour to make performing it more enjoyable; maximising effort toward undertaking the target behaviour and how to focus thinking on pleasant rather than unpleasant aspects of the target behaviour (Knittle, *et al.*, 2020).

Evaluation of efficacy of psychological provision can hence be achieved through appraising the functioning of indices of self-motivation. Such indices according to various authors (Klein and Freitag, 1992; Racusin *et al.*, 2005; Medalia & Saperstein, 2011; Knittle, *et al.*, 2020;) include ability of the youth to: be determined because they have been trained to enjoy taking responsibilities for new tasks out of interest and willingness; find way out of difficult situation because they have been taught to believe in dedication and perseverance to achieve their goals and visions; keep interested in things because they have been helped to see the future directions of their life and equip themselves to meet the needs; have enough energy to do what they have to do because they have been helped to appreciate working for longer hours in order to complete their work, and; usually come through difficult times with little trouble because they have been assisted to believe that if they work hard and apply their abilities and talents, they will be successful.

D. Sense of Mastery

Mastery is the measure of a person's perception of self as bearing the capacity to shape and direct own circumstances (Dong, Zhang, & Simon, 2014). Previous studies in USA have found that mastery attenuates post-traumatic stress disorder (PTSD) symptoms in war veterans and lessens depression in women who have suffered intimate partner violence (Cummins, 2015). Moreover, Cummins report that intense feeling of mastery is equally linked to better standards of life, as well as low deaths from heart problems Cummins further avers that a feeling of direction of own life is inimical to mental adjustment, especially in the aftermath of a traumatic incidence, which can strike a survivor with feelings of uncertainty and powerlessness. A sense of mastery, hence, is considered vital to how well persons react to difficulties and circumstances faced in daily life.

Sense of mastery must ideally form a portion of a youth in care's range of personal assets that allow them to withstand adverse life happenings and other strenuous situations, like loss of parents, pressures of poverty, and relationship problems. Youths in care may acquire a sense of mastery via social connections and their results (Conger *et al.*, 2009). The psychosocial processes in the care home thus significantly influence the development of mastery. This happens because communications and consultations that happen in the care home environment help socialize youths' mastery.

The sense of mastery can be learnt through putting in place an environment that scaffolds a target group towards it. Caregivers, therefore, ought to provide psychosocial environment that foster mastery experiences and learning. This happens through establishment of scenarios for youths to make choices, apply and engage their competences, and try diverse approaches to realise their targets Forbes (2001). This requires that caregivers genuinely know the youth in care's fortes and capacity to connect them to their targets. Forbes further report that sense of mastery can be learnt through targeted psychosocial programmes like implementing models of service delivery that emphasize self-reliance and autonomy, promoting supportive environments, enhancing access to user-friendly health care information, and addressing the needs of informal support networks.

Care homes need to frequently evaluate psychological services provided to their youth to determine if they are building the expected competencies like sense of mastery. This can be done by linking outcomes to interventions. Through analysing the indices of sense of mastery (an outcome to interventions), care practitioners can be able to gauge effectiveness of psychological provision. A synthesis of various writings (Pearlin & Schooler 1978; Forbes, 2001; Recusing *et al.* 2005; Conger *et al.*, 2009; Lipschitz-Elhawi & Itzhaky 2005) suggest the use of several variables on this undertaking. This include the level the youth have been assisted: to solve some of the problems they have; not to feel that they are being pushed around in life; to have control over the things that happen to them; to be able to do just about anything they set their minds to because of the assistance they receive from those who care for them; to understand that what happens to them in the future mostly depends on them.

IV. CONCLUSION

Psychological programmes given to looked-after youths and children may be measured using the presence of the following indicators in the children: self-awareness, self-regulation, self-motivation and sense of mastery.

Self-awareness entails having a realistic perception of who one is really is. Presence of self-awareness among looked-after children may be used as one of the indicators that shows that psychological programing in care home is effective. A measure to determine this can have variables testing aspects of self-awareness like: ability to follow through with plans because they have idea about how their feelings affects their behaviour; ability to manage situations, problems and concerns; ability to depend on themselves more than anyone else because know what cause their mood; ability to be determined because they can write down what they are feeling and analyse it; and finally ability to handle many things at a time because they analyse recent events to try to understand why they are upset.

Self-regulation means to take control over issues emanating from self or the environment. Self-regulation, therefore, consists of deliberate efforts by the self to alter its own states and responses, including behaviour, thoughts, impulses or appetites, emotions, and task performance in order to fit demands of self and environment.

As an outcome of provision of psychological care, its variables may be captured and developed into a questionnaire and then be used to better understand the efficacy of psychological programming in care set up. Such variables include: level of determination because they have been taught to be able to accomplish goals; level of interest in things even when they see a problem with how things are going; level of energy to get through difficult times; level of understanding on how to manage work, eating and drinking; and level of their problem solving ability.

Self-motivation refers to the driving and pulling forces, which result in persistent behaviour directed towards a goal. Evaluation of efficacy of psychological provision can be achieved through appraising the functioning of indices of self-motivation. Such indices include ability of the youth to: be determined; find way out of difficult situation; keep interested in things; have enough energy to do what they have to do, and; usually come through difficult times with little trouble.

Sense of mastery refers to the degree to which individuals perceive themselves as having control and influence over life circumstances. Through analysing the indices of sense of mastery (an outcome to psychological interventions), care practitioners can be able to gauge effectiveness of psychological provision. This include determining the level the youth have been assisted: to solve some of the problems they have; not to feel that they are being pushed around in life; to have control over the things that happen to them; to be able to do just about anything they set their minds to because of the assistance they receive from those who care for them; to understand that what happens to them in the future mostly depends on them.

It is important to measure all these indicators simultaneously to provide a comprehensive feedback on the effectiveness of psychological programming and what needs to be improved. Therefore, caregivers and institutions need to develop a framework for evaluating the effectiveness of their psychological intervention programmes based on these suggestions.

V. REFERENCES

- Amolo, D., Were, R., Masamo, S., Kyeyagalire, R., Kedenge, O., & Fatta, K. (2012). *Improving Care for Vulnerable Children in Kenya: Results from Piloting Service Standards. Case Study*. USAID Health Care Improvement Project. Chevy Chase, MD: University Research Co., LLC (URC).
- Association of Charitable Children Institutions of Kenya (2016). *Manual for Charitable Children's Institutions in Kenya*. Nairobi: ACCIK.
- Bazalgette, L, Rahilly, T and Trevelyan, G (2015) *Achieving emotional wellbeing for looked after children: A whole system approach*. NSPCC
- British Psychological Society (2020) *Supporting care-experienced children and young people during the Covid-19 crisis and its aftermath*. Available <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy>
- Association of Charitable Children Institutions of Kenya (2016). *Manual for Charitable Children's Institutions in Kenya*. Nairobi: ACCIK.
- Bazalgette, L, Rahilly, T and Trevelyan, G (2015) *Achieving emotional wellbeing for looked after children: A whole system approach*. NSPCC
- British Psychological Society (2020) *Supporting care-experienced children and young people during the Covid-19 crisis and its aftermath*. Available <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy>
- Conger, K. J., Williams, S. T., Little, W. M., Masyn, K. E., & Family Research Group, B. (2009). Development of Mastery during Adolescence: The Role of Family Problem Solving. *Journal of Health and Social Behaviour*, 50(1), 99-114.
- Dong, X., Zhang, M., & Simon, M. A. (2014). Self-mastery among Chinese Older Adults in the Greater Chicago Area. *AIMS Medical Science*, 1(1), 57-72.
- Embleton, L., Ayuku, D., Kamanda, A., Atwoli, L., Ayaya, S., Vreeman, R., Nyandiko, W., Gisore, P., Koech, J., & Braitstein, P. (2014). Models of care for orphaned and separated children and upholding children's rights: cross-sectional evidence from western Kenya. *BMC Int. Health Hum. Rights*, 14(9), 1-8.
- Forbes, D. A. (2001). Enhancing mastery and sense of coherence: Important determinants of health in older adults. *Geriatric Nursing*, 22(1), 29-32.
- Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked-after by local authorities: Comparison with children living in private households. *The British Journal of Psychiatry*, 190(4), 319-325.
- Green, B. N., Johnson, C. D., & Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of chiropractic medicine*, 5(3), 101-117.
- GoK/UNICEF (2013). *National Standards for Best Practices in Charitable Children's Institutions*. Nairobi: Government Printers.

- Government of Kenya (2014). Guidelines for the alternative family care of children in Kenya. Nairobi: Government Printers.
- Hambrick, E (2016) [Mental Health Interventions for Children in Foster Care: A Systematic Review](#) *Children and Youth Services Review*. 70
- Hiller, RM (2020) [Supporting the emotional needs of young people in care: a qualitative study of foster carer perspectives](#) *BMJ Open* 2020;10:e033317
- Hunter, S., & Williamson, J. (1998). *Discussion Papers on HIV/AIDS Care and Support: Responding the Needs of Children Orphaned by HIV/AIDS*. Arlington: Health Technical Services (HTS) Project.
- Klein, J. D., & Freitag, E. T. (1992). Training students to utilize self-motivational strategies. *Educational Technology*, 32(3), 44-48.
- Knittle, K., Heino, M., Marques, M. M., Stenius, M., Beattie, M., Ehbrecht, F., ... & Hankonen, N. (2020). The compendium of self-enactable techniques to change and self-manage motivation and behaviour v. 1.0. *Nature Human Behaviour*, 4(2), 215-223.
- Lee, V. C., Muriithi, P., Gilbert-Nandra, U., Kim, A. A., Schmitz, M. E., Odek, J., ... for the KAIS Study Group (2014). Orphans and Vulnerable Children in Kenya: Results from a Nationally Representative Population-Based Survey. *Journal of Acquired Immune Deficiency Syndromes* (1999), 66(Suppl 1), S89-S97.
- Lipschitz-Elhawi, R., & Itzhaky, H. (2005, October). Social support, mastery, self-esteem and individual adjustment among at-risk youth. In *Child and Youth Care Forum* (Vol. 34, No. 5, pp. 329-346). Kluwer Academic Publishers-Human Sciences Press.
- Mburugu, P. M., Muiruri, P., Opiyo, N., Theresa, O., Osiyaga, C. P., Ngabirano, T. D., & Gachuno, O. (2016). Treatment outcomes of HIV infected adolescents attending a national referral hospital in Kenya. *Annals of Global Health*, 82(3), 513-514.
- Medalia, A., & Saperstein, A. (2011). The role of motivation for treatment success. *Schizophr Bull*, 37(2), 122-128.
- Morin, A. (2011). Self-Awareness Part 1: Definition, Measures, Effects, Functions, and Antecedents. *Social and Personality Psychology Compass*, 5(10), 807-823.
- Munro, E. (2001). Empowering looked after children. *Child and Family Social Work*, 6(2), 129-137.
- Muthoni, R. W. (2007). *Institutional Care and Social Re-Integration of Orphans: Examining Post-Discharge Cases from Nairobi Child-Care Institutions* (MA Thesis). University of Nairobi.
- Pearlin LI, Schooler C (1978) The structure of coping. *J Health Soc Behav* 19:2-21
- Racusin, R., Maerlender, A. C., Sengupta, A., Isquith, P. K., & Straus, M. B. (2005). Psychosocial treatment of children in foster care: A review. *Community Mental Health Journal*, 41(2), 199-221.
- Richter, L., Foster, G., & Sherr, L. (2006). *Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*. The Hague, Netherlands: Bernard van Leer Foundation.
- Shanker, S. G. (2010). *The development of self-regulation. Presentation delivered at People for Education Conference*. York University, Toronto, November 13, 2010.
- SOS Children's Villages (2013). *A Snapshot of Alternative Care Arrangements in Kenya*. SOS Children's Villages.
- The Children's Society (2020) [Recovery Plan -Children in care and care leavers](https://www.childrenssociety.org.uk/sites/default/files/children-in-care-and-care-leavers-recovery-plan-briefing.pdf). <https://www.childrenssociety.org.uk/sites/default/files/children-in-care-and-care-leavers-recovery-plan-briefing.pdf>
- UNICEF (2012). *The State of the World's Children: Urbanization*. Geneva: United Nations Children's Fund.
- Wairire, G. G. (2006). Psychosocial care for orphaned and vulnerable children in Kenya. In *International Symposium for Practitioners and Policy Specialists on addressing the needs of Young Carers*. Nairobi: Safari Park Hotel.